

## 2022 Morro Bay Spring Adult Softball League

## **DIVISIONS**

Monday—Coed

Tuesday—Masters (over 50)

Entry Fee: \$575 for Coed and Masters. We take check, money order, MasterCard, Visa or American Express. Please make

checks payable to: City of Morro Bay. Payment is required to hold spot!!!

ATTENTION: If you are a player without a team and would still like to participate in this season, please register individually

below. We will try to form a team for you if there is enough interest.

Registration: Begins on February 18<sup>th</sup>2022, and is on a first-come, first-served basis. Deadline is Friday March 11th, or until full.

Minimum age to compete is 18 (50 for Masters).

**League:** Games begin the week of March 21<sup>st</sup>. Coed and Masters will have a 8-game season and all divisions have an end-

of-season tournament.

Managers: Managers meeting – TBA - at the MB Community Center.

**Rosters:** Your roster must be turned in prior to the start of your first game, and it will be frozen at that time. **Remember:** All

team members must be at least 18 years old (Masters League minimum age is 50).

Schedule: First games will be posted online at <a href="https://www.leaguelineup.com/mbsports">www.leaguelineup.com/mbsports</a>

**Divisions:** A minimum of four (4) teams are required in each division to form a league. If there are insufficient teams within a

particular division or league, the Recreation Services Sports Division reserves the right to:

Cancel the division or league and refund all fees, or

- Move stronger teams up or weaker teams down from the nearest division to form a league, or
- Consolidate divisions or leagues with rule restrictions.

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2022 Spring Adult Softball League	

Team Name:	Manager's Name:					
Manager's Address:		City:			Zip Code:	
Phone Number:			Email Address:			
Division: (circle one)	Masters (50+)	Co-Ed	Preferenc	e: Uppe	r Lower	(not guaranteed)
Only if you are a Playe	r without a team re	gistering	g individually, fill out Pla	ayer infoi	rmation bel	ow:
Player's Name:						
Player's Address:			City:		_Zip Code:	
Phone Number:			Email Address:			
Division: (circle one)	Masters (50+)	Co-ed	Preference: Upper	Lower	(not guara	nteed)
Payment Check:	Mone	y Order:_				
Visa / MasterCard / Ar	merican Express Cai	rd #:			Ехр	. Date:
Amount Authorized: \$	Signat	ure				
Address of holder:				Phone # (	()_	